

Direct Deposit Request

Date _____

Employee (or Social Security) Number _____

Name _____

Name of Employer _____

Employer's Address _____

Financial Institution **Sun Federal Credit Union**

Branch Address _____

Account # _____

Routing Number for Sun Federal: **241282412**

Payroll Number: _____ Effective Deposit Start Date: _____

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> CHECKING | <input type="checkbox"/> WEEKLY |
| <input type="checkbox"/> SAVINGS | <input type="checkbox"/> BI-WEEKLY |
| <input type="checkbox"/> NET CHECK | <input type="checkbox"/> MONTHLY |
| <input type="checkbox"/> \$ _____ | <input type="checkbox"/> SEMI-MONTHLY |

I hereby authorize this change in direct deposit effective _____.

I hereby authorize and request the employer (named above) to deposit the amounts indicated and deposit these funds at Sun Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization

Signature _____ Date: _____

Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.